



# Adolescent and Adult Vaccine Symposium

Wednesday, October 4, 2006

Black Canyon Conference Center  
9440 N. 25<sup>th</sup> Avenue, Phoenix AZ 85021

## Registration Form

**Please PRINT all information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**I am a/an (check the most appropriate choice):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Primary Care Physician | <input type="checkbox"/> Nurse Practitioner    | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> OB/GYN                 | <input type="checkbox"/> Nurse (Clinic)        | <input type="checkbox"/> Epidemiologist    |
| <input type="checkbox"/> Oncologist             | <input type="checkbox"/> School Nurse          | <input type="checkbox"/> Lab Technician    |
| <input type="checkbox"/> Pharmacist             | <input type="checkbox"/> Health Aide           | <input type="checkbox"/> Office Staff      |
| <input type="checkbox"/> Physician's Assistant  | <input type="checkbox"/> Other (specify) _____ |  |

### **Conference Fee: \$80.00 per person**

The conference fee registers each participant and includes lunch and educational materials.  
**Register on-site day of conference (payment by cash, check, money order, or purchase order)  
or pre-register by mailing in this form and check or purchase order by September 29.**

No refunds will be given after September 22<sup>nd</sup>.

Registrants will receive confirmation (including directions) upon receipt.

Payment: P.O. # \_\_\_\_\_ Check #: \_\_\_\_\_

**Please make check payable to: TAPI (The Arizona Partnership for Immunization)**



### **Mail registration and P.O. or check to:**

Arizona Immunization Program Office  
150 N. 18th Avenue, Suite 120  
Phoenix, AZ 85007-3233



**Questions? Contact us:**

Phone: (602) 364-3646 Fax: (602) 364-3285 E-mail: burkhab@azdhs.gov